



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000486339

2. Exact Name of the Limited Liability Company K. P. Correll & Associates, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

54

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TO RENDER ALL PROFESSIONAL SERVICES WHICH MAY BE RENDERED BY PERSONS
IN
THE PRACTICE OF LAW AND SUCH SERVICES ANCILLARY TO THE PROFESSIONAL
SERVICES WHICH MAY BE RENDERED BY ATTORNEYS AT LAW PROVIDED THAT A.
EACH MEMBER OF THE LIMITED LIABILITY CORPORATION SHALL BE LICENSED OR
OTHERWISE AUTHORIZED BY LAW TO RENDER SUCH PROFESSIONAL SERVICES IN
THE
STATE OF RHODE ISLAND OR IN ANY JURISDICTION IN WHICH THAT MEMBER
RENDERS SUCH PROFESSIONAL SERVICE B. THE LIMITED LIABILITY CORPORATION
WILL RENDER ONLY LEGAL SERVICES AND SERVICES ANCILLARY TO SUCH LEGAL
SERVICES AND WILL NOT ENGAGE IN ANY BUSINESS OTHER THAN THE RENDERING
OF SUCH PROFESSIONAL SERVICES AND SUCH ANCILLARY SERVICES TO THEM AND
C. THE LIMITED LIABILITY CORPORATION WILL RENDER SUCH PROFESSIONAL
SERVICES IN RHODE ISLAND ONLY THROUGH MEMBERS, EMPLOYEES AND AGENTS
WHO
ARE LICENSED OR OTHERWISE LEGALLY AUTHORIZED TO RENDER SUCH
PROFESSIONAL SERVICES WITHIN THE STATE OF RHODE ISLAND

5. Principal Office Address

No. and Street: 83 COUNTRY HILL LANE
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 270 BELLEVUE AVENUE, #326
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

KEVIN CORRELL 83 COUNTRY HILL LANE NORTH KINGSTOWN , RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of September, 2016 at 2:58:39 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By /KEVIN CORRELL/
Signature of Authorized Person

Form No. 632
Revised 09/07